

Revision: HCFA-PM-92-3 (HSQB)
APRIL 1992

Attachment 4.40-E
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OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
- (iii) the State has reason to question the compliance of the facility with such requirements.

See Attached Pages

TN# MS-92-18 Approval Date AUG 06 1992 Effective Date JUL 01 1992 Supersedes TN# Nothing
HCFA ID:

DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Adult & Child Care

Administrative Policy and Procedure

Number:

Date: August 4, 1988

Subject: Complaints

Policy Superseded: February 17, 1986

POLICY STATEMENT

All complaints from any source regarding possible violations of licensing regulations or certification standards shall be received by this agency, assigned for investigation, or if investigated by another agency, received and entered in the record.

PROCEDURE

1. All complaints regarding health facilities shall be referred for receiving in the following order:
 - a. Complaint Coordinator
 - b. Director of Field Services
 - c. Other professional staff.
2. KDHE 110 shall be used to receive all complaints.
 - a. The person receiving a telephone or personal visit complaint shall utilize KDHE 110 for the recording of pertinent information in identifying the issues of a complaint. The receiver should keep in mind that KDHE 110 is used to make the investigation assignment and issues of complaint should relate specifically to possible violation of regulations.
 - b. Written complaints are to be reviewed by the Complaint Coordinator and KDHE 110 completed based on the written complaint received.
3. The Complaint Coordinator or her designee shall assign all KDHE 110 forms and identification numbers per policy and enter the complaints in

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the master complaint log.

4. The Complaint Coordinator determines the method and assignment of investigation within three working days of receipt. In making assignment, the Complaint Coordinator shall call the appropriate regional manager regarding scheduling and review of the files for complaint history. Issues that are potentially life-threatening or of resident/patient abuse shall be assigned upon receipt to be investigated within 24 hours.
5. KDHE 110 shall be the assignment of investigation document. The completed KDHE 110 and forms KDHE 112 and KDHE 113 shall be forwarded to the appropriate agency or Director of Field Services with necessary supporting documentation attached. If the complaint is filed on an accredited hospital and the alleged violation relates to certification, the Medical Facilities Certification Officer shall contact the Regional Office of the Health Care Financing Administration and advise the Complaint Coordinator on necessary action.
6. The Complaint Coordinator shall correspond with the complainant within three working days confirming the issues of written complaints and plans for resolution unless this has been communicated through the referral agency. The Director of Field Services is responsible to review each complaint before it is sent to the appropriate Regional Manager the assignment for investigation.
7. The investigation shall begin within 15 working days of the request unless otherwise indicated in communication from the Complaint Coordinator.
8. The investigator shall conduct the investigation in the following manner:
 - a. The administrator or person in charge the day of the investigation shall be advised of the complaint investigation and the nature of the complaint. The investigator shall maintain confidentiality of specific details of the complaint, the complainant, and affected resident/patient.
 - b. Investigate techniques used in the

process shall include, but are not limited to, interviews with residents/patients, staff, or others; review of policies and procedures; review of records; survey observation of practices; or any method appropriate to facilitate gathering information.

- c. The investigator shall complete KDHE 112 and narrative report (refer to instruction sheets).
 - d. If deficiencies are cited the investigator shall write deficiencies of licensure regulations and/or certification standards identified in the investigation process in accordance with survey procedure.
 - e. The investigator shall provide the administrator or person in charge a copy of the statement of deficiencies.
 - f. The investigator shall provide the administrator or person in charge a form for including written comments about the investigation. A copy of the comment sheet is left at the facility.
9. KDHE 110, KDHE 112, and KDHE 113 and attachments shall be forwarded to the Regional Manager for review.
 10. The Regional Manager shall forward the complete investigation information, including KDHE 110, KDHE 112, and KDHE 113, to Field Services. The Regional Manager shall mail the HCFA-2567 to the facility to request a plan of correction.
 11. The Complaint Coordinator shall review the findings and respond to the complainant, facility, Regional Manager, and other parties as required. The Complaint Coordinator shall consult with the Director of Field Services regarding any investigation findings which are unsatisfactory. The Complaint Coordinator shall notify the Medical Facilities Certification Officer of investigation findings which are unsatisfactory for the Hospital Medical Programs Section.

V#MS-92-18 Approval Date AUG 06 1992 Effective Date JUL 01 1992 Superseded TN# Nothing

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Unsubstantiated Complaints

1. When the complaint issues are unsubstantiated, the complainant, administrator, and other appropriate persons associated with the complaint shall be advised, in writing, by the Complaint Coordinator within 15 days of determination. The Complaint Coordinator will determine the content of correspondence.
2. For accredited hospitals, a copy of the KDHE 110 and KDHE 112 with attachments shall be forwarded to the Medical Facilities Certification Officer for submittal to the Regional Office.
3. The complaint file shall be closed and placed in the facility's confidential complaint file. The master log shall be completed.

Substantiated Complaints

1. When issues of the complaint are substantiated, the Complaint Coordinator shall notify the Director of Field Services and/or Medical Facilities Certification Officer, as appropriate.
2. When the plan of correction has been received it shall be reviewed by the Complaint Coordinator or designee. The plan of correction shall be approved or returned within three working days. HCFA-2567, HCFA-1539 and scheduled date of follow-up shall be submitted to the Regional Office for XVIII facilities and non-accredited hospitals. The HCFA-2567 shall be submitted to Kansas Department of Social and Rehabilitation Services (SRS) for XIX facilities. The HCFA-562 shall be submitted when required.
3. The Complaint Coordinator shall assign a follow-up date and/or advise the Director of Field Services when a special revisit is needed: a) the follow-up shall be reported on a HCFA-2567B or HCFA-2567; and (b) the follow-up report shall be forwarded to the Regional Office only on XVIII facility complaints. If the follow-up is to occur at the next survey, the results shall be submitted through the normal procedures.
4. When the department has determined action to be taken, the licensee, complainant, Regional Manager, and other persons and/or agencies

associated with the complaint shall be notified as appropriate.

5. When the complaint process is complete as determined by the Complaint Coordinator, all information shall be placed in the facility's confidential complaint file, except that forms HCFA-1539, and comment sheet shall be placed in the licensure files.

6. The master log shall be completed.

Investigation Reports from other Agencies

1. Completed investigation reports received from other agencies.
2. The reports are reviewed then entered in the master complaint log and filed in the facility complaint file.

Recordkeeping

The Complaint Coordinator is responsible for assigning and maintaining all files and processing information. Complaint files, including the complaint and all records used in processing are to be maintained by the Complaint Coordinator in separate files until the complaint process is completed.

Quarterly Report

A quarterly summary of complaints received and processed is to be submitted to the Regional Office within 30 days after each quarter. Copies of the report shall be sent to SRS and Department of Aging.